

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	15/4	7550	4/7
O.I.P.E. CLASSIFIER	2-1	7553	10/15/0
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/10
2	✓	✓	10/10
3	✓	✓	10/10
4	✓	✓	10/10
5	✓	✓	10/10
6	✓	✓	10/10
7	✓	✓	10/10
8	✓	✓	10/10
9	✓	✓	10/10
10	✓	✓	10/10
11	✓	✓	10/10
12	✓	✓	10/10
13	✓	✓	10/10
14	✓	✓	10/10
15	✓	✓	10/10
16	✓	✓	10/10
17	✓	✓	10/10
18	✓	✓	10/10
19	✓	✓	10/10
20	✓	✓	10/10
21	✓	✓	10/10
22	✓	✓	10/10
23	✓	✓	10/10
24	✓	✓	10/10
25	✓	✓	10/10
26	✓	✓	10/10
27	✓	✓	10/10
28	✓	✓	10/10
29	✓	✓	10/10
30	✓	✓	10/10
31	✓	✓	10/10
32	✓	✓	10/10
33	✓	✓	10/10
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35	✓	✓	10/10
36	✓	✓	10/10
37	✓	✓	10/10
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40	✓	✓	10/10
41	✓	✓	10/10
42	✓	✓	10/10
43	✓	✓	10/10
44	✓	✓	10/10
45	✓	✓	10/10
46	✓	✓	10/10
47	✓	✓	10/10
48	✓	✓	10/10
49	✓	✓	10/10
50	✓	✓	10/10

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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